MDR: M4-04-4522-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 18, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 99456-WP rendered on 9/12/03.

II. RATIONALE

Review of the requestor's position statement dated October 22, 2003 partially states; "We originally billed **$800** per pages 255-259 (attached) of the New Texas Medical Fee Guidelines for a **Designated Doctor Impairment Rating Evaluation (base $350) plus two body areas ($300-Lower Extremity ROM and $150-Spine DRE). You paid $300. We do not agree that our bill should have been reduced, as we billed correctly per the MFG. Please re-consider and provide payment of $500…**"

The respondent's did not submit a position statement.

The requestor billed the carrier for date of service 9/12/03, CPT code 99456-WP in the amount of $800.00. The carrier paid the requestor the amount of $300.00 and denied the remaining balance of $500.00 as "F-Fee Guidelines MAR Reduction".

TWCC Rule 134.202 (e)(6)(C)(iii) states; "an examining doctor, other than the treating doctor, shall bill using the 'Work related or medical disability examination by other than the treating physician…' CPT code." Reimbursement shall be $350.00 for the MMI evaluation. The requestor billed for the upper and lower extremities with a full physical evaluation, with range of motion (spine and lower extremities (including feet)). According to TWCC Rule 134.202 (e)(6)(D)(iii)(II)(b)(1-2) if full physical evaluation, with range of motion is performed: $300 for the first musculoskeletal body area; and $150 for each additional musculoskeletal body area. The requestor is therefore entitled to reimbursement in the amount of $800.00. According to the EOB the requestor received payment from the carrier in the amount of $300.00, additional reimbursement is recommended to the requestor in the amount of $500.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99456-WP in the amount of **$500.00.** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **$500.00** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 4th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo